

NEBRASKA BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509-4725
(402) 471-3595 or (800)564-6111; FAX (402) 471-4484
Web site: www.nol.org/home/BPA E-mail: nbpa01@nol.org

APPLICATION FOR CPA CERTIFICATE ISSUANCE

REQUIREMENTS FOR ISSUANCE OF A NEBRASKA CPA CERTIFICATE BY EXAMINATION:

1. You must be a resident of Nebraska, have a place of business or be regularly employed in the state (Reference: Nebraska statutes 1-114); **and**
2. You must have completed at least a Baccalaureate degree from an accredited college or university. (If sitting for the CPA Examination after January 1, 1998, you must also have completed 150 semester hours or 225 quarter hours of postsecondary academic credit, and do not need to resubmit another transcript.); **AND**
3. You must complete the AICPA's Professional Ethics self-study examination and request they send a Certificate of Completion showing the grade earned and date of completion. Contact the AICPA directly for the study materials and examination: 1-888-777-7077.
4. Successful completion of the CPA EXAM.

Please print in black ink or type your answers to the following questions, sign, date and return this application **AND** have the AICPA send a certificate of completion of the Professional Ethics course to the Nebraska State Board of Public Accountancy at the above address. **Incomplete applications will be returned unprocessed and deemed not received.** A certificate cannot be issued until and unless the official transcripts have been received and the Ethics requirement has been met. (3/04)

(Circle one) Male OR Female?

Legal Name _____
First Name Middle Name (No Initials) Last Name **Maiden Name**

Social Security # _____ **Date of Birth** _____

Mailing Address _____
Street or P.O.Box City State **Zip**

Resident Address _____
Street City State **Zip**

Home Phone No. _____ **Date NE residence established (MO/DD/YY)** _____

Name of present Employer _____

Office Address _____
Street or P.O.Box City State **Zip**

Office Phone No. _____ **FAX No.** _____

E-mail Address _____ **Date Exam Passed (Mo/Yr)** _____

College Degree Earned _____ **Date Conferred** _____ **College/University** _____

- ____ YES ____ NO Do you hold a CPA certificate issued by another state or territory of the United States or the District of Columbia? **If Yes, give state, certificate # and date of issuance.** _____
- ____ YES ____ NO Have you ever been convicted of a felony by any court of any state or of the United States? **(If yes, please attach a separate page giving disposition, charges, dates and locations.)**
- ____ YES ____ NO Have you ever been convicted of any crime, an element of which is dishonesty or fraud, by any court of any state or of the United States? **(If yes, attach a separate page giving disposition, charges, dates and locations.)**
- ____ YES ____ NO Have you had any professional or vocational license revoked or suspended, or been subject to other disciplinary action regarding such a license in this state or any other state, or by the United States government? **(If yes, attach a separate page giving details regarding the action taken, by what agency, dates and locations.)**

I hereby make application to the Nebraska Board of Public Accountancy for the issuance of a Nebraska Certified Public Accountant certificate. **I understand that an incomplete or incorrect response in this application may be grounds to deny the issuance of a certificate or to revoke the certificate.**

DATE _____ **APPLICANT'S SIGNATURE** _____